

# Parental Care Receipt from Adult Children: A Typology Based on the UK Household Longitudinal Study

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## Introduction

Population ageing is a global phenomenon with profound implications for health and social care systems. Population ageing is especially relevant in the UK (United Kingdom) context where it is estimated that people aged 65 and over will compose almost 25 percent of the population by 2042 (Lewis 2021), driven by a combination of increasing life expectancy and declining fertility rates (Bracke et al 2008). Whilst an ageing population does not automatically increase the need for care, as many older adults are living longer lives in improved health, for others, age-related vulnerabilities and health deterioration often necessitate a higher level of care and support (Abdi et al 2019; Raymond et al 2021; National Audit Office 2021; Kingston et al 2022). In fact, the prevalence of care needs among older adults is projected to increase, alongside a widening of inequalities in health outcomes (McMunn et al 2009; Nazro 2015; Guzman-Castillo et al 2017; Kingston et al 2018; Head et al 2024). In response to growing care needs, informal care, unpaid support typically provided by family members, has become increasingly important due to older adults' preference to age at home and growing pressures on state-funding for social care (Murphy et al 2006; Kasper et al 2019; de Jong et al 2022; Reeves et al 2024; Health and Social Care Committee 2025).

Kin relationships represent latent webs of support (Riley 1983), indicating to the central role family networks play in ensuring those in need receive the care and support they require. Adult children are an important element of the caring network for their older parents, serving as both an immediate source of support and also forming part of a pool of potential caregivers in times of future need (Karantzas et al 2010; Grundy and Read 2012; Falkingham et al 2020; Liu et al 2023; De Poli et al 2024). Guided by the Informal Care Model (Broese van Groenou and Boer 2016) and the framework developed by Vlachantoni et al. (2015), we derive our own conceptualisation of older adults' receipt of informal care from their adult children. Our conceptualisation (Figure 1) highlights three groups of potential factors (need, demographic, and socio-economic factors) that may shape older adults' receipt of informal care from their adult children. Firstly, we place the recipients care needs as the central element in our framework, as they have been acknowledged in both the ICM and Vlachantoni et al (2015) framework to be the trigger for the receipt of care. Our framework then recognises that care needs are interrelated with demographic and socio-economic factors, resulting in both direct and indirect determinants of care receipt. For example, gender indirectly influences care receipt as whilst women are known to live longer than men, they often experience more health problems in older age which may require greater levels of support (Crimmins et al 2011; Kwak et al 2021). Additionally, gender can also directly affect care receipt as mothers typically maintain stronger emotional and relational bonds with their adult children than fathers, potentially making them more likely to receive care and support from them in later life (Silverstein and Bengtson 1997; Fingerman et al 2020).

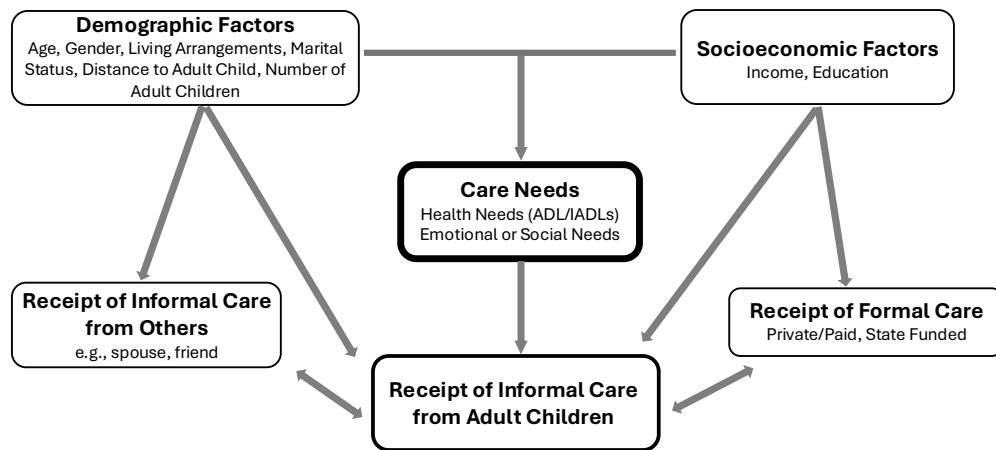


Figure 1: Conceptualising Parental Care Receipt from Adult Children

### Research Gap

Existing research on older adults' receipt of informal care has focused on several areas. Research has frequently examined the care networks available to older adults, considering both formal and informal sources of support (Broese van Groenou et al 2006; Vlachantoni et al 2015; Jacobs et al 2018; Giang et al 2023), and explored older adults' unmet care needs (Vlachantoni et al 2011; Liu et al 2012; Vlachantoni et al 2024). However, the majority of this body of research has investigated care for older adults from the perspective of care providers, rather than that of the recipients themselves (Keating et al 2004; Vlachantoni 2019; Huang et al 2020; Batur et al 2024). Additionally, some studies treat care receipt as a homogeneous experience, without distinguishing between different types of care received (Broese van Groenou et al 2006; Hu and M 2018). As a result, relatively few studies have explicitly examined the types of care and support that older adults receive from their adult children (Evandrou et al 2018; Steele et al 2024). As a result, our research questions seek to fill this gap by identifying distinct typologies of care receipt of ageing parents from their adult children.

Research Question 1: What typologies of care receipt from adult children can be identified among older parents?

Research Question 2: Do care needs differ among older adults classified into different typologies of informal care receipt from adult children?

Research Question 3: How do demographic and socio-economic factors shape the various patterns of older adult's informal care receipt?

### Data and Methods

The paper uses data from Wave 7 (2015–2017) of the UK Household Longitudinal Study. The sample was restricted to parents aged 65+ with at least one non-co-resident adult child, producing an analytical sample of 7,348 older parents. We used eight binary indicators from the Family Networks module capturing types of support received from

non-co-resident children, such as receiving lifts, personal care and financial help. Using these indicators, latent class analysis (LCA) was applied to identify typologies of care receipt. Following LCA, we examined differences in care needs (defined as reporting difficulty with at least one ADL/IADL) across classes and then estimated a multinomial logistic regression model predicting class membership using demographic (age, gender, living arrangements, proximity to children, number of children) and socio-economic variables (education, income).

## Results

The three-class LCA solution achieved the best balance between statistical fit and conceptual interpretability. The classes were labelled as:

Comprehensive Receivers – older adults receiving high levels of help across both domestic and personal-care tasks.

Moderate Receivers – those receiving domestic support only

Low Receivers – those receiving little or no care from their children.

Cross-tabulation of care needs showed strong associations between the typologies and functional limitation. Comprehensive Receivers were overwhelmingly likely to report care needs (around 90%), while only half of Moderate Receivers and less than a third of Low Receivers did so. This led to five refined groups (which formed the outcome variable for the multinomial logistic regression): Comprehensive Receivers, Moderate Receivers with Need, Moderate Receivers without Need, Low Receivers with Need, and Low Receivers without Need.

Older adults in the Comprehensive group were more likely to be aged 85+, live alone and be divorced or widowed. The Moderate with Need group shared similar demographic profiles but reported fewer functional limitations. The Moderate without Need group consisted of relatively younger, predominantly female parents who received support despite no reported care needs, suggesting anticipatory or socially motivated help. Low Receivers with Need were typically older adults who did have functional limitations but received little support from children, potentially because they lived with a partner who provided primary care. In contrast, Low Receivers without Need represented healthy, independent older adults, who were more likely male, partnered, and with higher education.

## Conclusion

This paper advances understanding of informal care dynamics by identifying distinct typologies that capture the diverse patterns of care that older adults receive from their adult children. Our approach allows us to identify groups of older adults at potentially different risks of vulnerabilities in meeting their current or future care needs. For example, older adults in the Low Receipt with Need group, who may currently rely on a spouse for support, could face substantial care gaps if that support is lost due to widowhood, which

could be further heightened if they lack proximate children who could step in to meet their care needs. In contrast, older adults in the Moderate Receivers without Need typology may be better positioned to manage future care needs due to ongoing support from their adult children. Identifying these distinct typologies of care receipt can inform tailored interventions and support mechanisms recognising the heterogeneity of care experiences among older adults and their families. For example, assessment of the need for formal care may be especially important for older adults in the Low Receipt with Need group, particularly if their primary caregiver is also ageing or in declining health. Meanwhile, the Moderate Receipt without Need group may benefit from policies designed to sustain early informal care arrangements, such as flexible work options for adult children, that help maintain continuity of care over time. Such targeted interventions can help promote policies that strengthen intergenerational support networks, which is of particular importance in the context of an ageing society.